

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

ADDRESS (number and street)

26220 ENTERPRISE COURT

☐Check if different  
than previously  
reported. (ACC)

LAKE FOREST

CA

92630

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00240218

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RAOUL SMYTH

Signature of Treasurer

Electronically Filed by RAOUL SMYTH

Date

0 1

2 5

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 33

Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M M  
1 1D D  
2 3Y Y Y Y  
2 0 1 0

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		55933.65
(b) Cash on Hand at Beginning of Reporting Period .....	93296.15	
(c) Total Receipts (from Line 19) .....	7267.50	66130.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	100563.65	122063.65
7. Total Disbursements (from Line 31) .....	0.00	21500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	100563.65	100563.65
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 33

Write or Type Committee Name

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	6975.00	45920.00
(ii) Unitemized .....	292.50	20210.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7267.50	66130.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7267.50	66130.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	7267.50	66130.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7267.50	66130.00

## DETAILED SUMMARY PAGE

of Disbursements

4 / 33

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	5000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0.00	21500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	21500.00	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 33

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	7267.50	66130.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7267.50	66130.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Gary T Ake

Mailing Address 249 Eastfield Ave

City

Stedman

State

NC

Zip Code

28391-9449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12688

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Robert Allen

Mailing Address 7893 S Argonne Ct

City

Centennial

State

CO

Zip Code

80016-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

EVP, Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12774

Amount of Each Receipt this Period

300.00

Payroll Deduction

(\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Amy J Anderson

Mailing Address 6699 Old Ridge Rd

City

Fairview

State

PA

Zip Code

16415-2056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria

Occupation

Branch Manager 1

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12731

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 33

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Rochelle Arini-Moza

Mailing Address 20063 Balmoral Dr

City

Macomb

State

MI

Zip Code

48044-2847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area Operations Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12782

Amount of Each Receipt this Period

45.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Thomas J. Barron

Mailing Address 48 Summit Ave

City

Quincy

State

MA

Zip Code

02170-3701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Divison VP Sales

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12770

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Robin Barton

Mailing Address 23082 Mullin Rd

City

Lake Forest

State

CA

Zip Code

92630-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Exec VP, Revenue Mgmt

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12689

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Doreen R Bellucci

Mailing Address 2 Brigmore Aisle

City

Irvine

State

CA

Zip Code

92603-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12690

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Donna S Blake

Mailing Address 14107 Pembroke St

City

Leawood

State

KS

Zip Code

66224-4553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12691

Amount of Each Receipt this Period

45.00

Payroll Deduction

(\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

James C Bowers

Mailing Address 256 Aerie Ct

City

Roseville

State

CA

Zip Code

95661-4063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12692

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

210.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Mary E. Brevik

Mailing Address 3845 E Shady Glen Dr

City

Boise

State

ID

Zip Code

83706-5779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

Branch Infusion Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12783

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Bruce E Brindle

Mailing Address 3396 Altherton Dr

City

Bethel Park

State

PA

Zip Code

15102-1161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12693

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Carl L. Caldwell

Mailing Address 513 California Ave

City

Oakdale

State

CA

Zip Code

95361-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12736

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

90.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark A Centolella

Mailing Address 8304 Codys Cors

City

Cicero

State

NY

Zip Code

13039-7921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12694

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Danny R. Claycomb

Mailing Address 6301 Shea Pl

City

Highlands Ranch

State

CO

Zip Code

80130-8026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

SVP, IV Billing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12784

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Kirby Combs

Mailing Address 320 Urbano Dr

City

San Francisco

State

CA

Zip Code

94127-2869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12695

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

William F. Comer

Mailing Address 8350 SW Sexton Mountain Ct

City

Beaverton

State

OR

Zip Code

97008-7476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

VP, Federal Health Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12773

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$30.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Kenneth A. Common

Mailing Address 1238 N Raymond Ave

City

Fullerton

State

CA

Zip Code

92831-2048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Real Estate Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12771

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Karen Cultrera

Mailing Address 66 Kendall Hill Rd

City

Mont Vernon

State

NH

Zip Code

03057-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Infusion Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12737

Amount of Each Receipt this Period

45.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Jeannine M. Delivron

Mailing Address 24 Crestwood Dr

City

Avon

State

CT

Zip Code

06001-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12740

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Howard Derman

Mailing Address 1 Faith

City

Irvine

State

CA

Zip Code

92612-3253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

EVP, Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12785

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Michael K Dwyer

Mailing Address 408 W State St

City

Burlington

State

WI

Zip Code

53105-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area Operations Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12696

Amount of Each Receipt this Period

45.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Robb W Eaton

Mailing Address 14602 W 91st Ter

City

Lenexa

State

KS

Zip Code

66215-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12697

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Thomas R. Farley

Mailing Address 591 N Chambers St

City

Galesburg

State

IL

Zip Code

61401-3805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12742

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Carl M. Fink

Mailing Address 12005 Starview Ct

City

Potomac

State

MD

Zip Code

20854-2858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

VP, Outcome & Analytics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12786

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Stephen L Foreman

Mailing Address 5 Hempstead St

City

Ladera Ranch

State

CA

Zip Code

92694-0229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Ancillary Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12698

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Matthew J Gallagher

Mailing Address 5 Safeguard Pl

City

Irvine

State

CA

Zip Code

92602-0757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Sales Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12699

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Lisa M Getson

Mailing Address 24806 Oxford Dr

City

Laguna Niguel

State

CA

Zip Code

92677-8870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Exec VP Govt Rel/Invst Re

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12700

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Steven D Gradwell

Mailing Address 1549 W Saltsage Dr

City

Phoenix

State

AZ

Zip Code

85045-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12701

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Michael A Graves

Mailing Address 7430 Lombardi Dr

City

Plainfield

State

IN

Zip Code

46168-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Dir, Enteral Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12703

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Daniel E. Greenleaf

Mailing Address 4550 E Perry Pkwy

City

Greenwood Village

State

CO

Zip Code

80121-2199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12787

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas M. Halpin

Mailing Address 9112 Meade Ave

City

Oak Lawn

State

IL

Zip Code

60453-1571

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12745

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Dwayne A Hargis

Mailing Address 926 Ironwood Trl

City

Greenwood

State

IN

Zip Code

46143-3042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12704

Amount of Each Receipt this Period

135.00

Payroll Deduction

(\$45.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Michael E. Harper

Mailing Address 69818 Camino Pacifico

City

Rancho Mirage

State

CA

Zip Code

92270-1871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Employee Relations

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12775

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Paul L Heuvel

Mailing Address 15200 S. Lakeshore Drive, #235

City

Tempe

State

AZ

Zip Code

98528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Customer Care Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12705

Amount of Each Receipt this Period

120.00

Payroll Deduction

(\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Robert S Holcombe

Mailing Address 38 Oakbrook

City

Coto de Caza

State

CA

Zip Code

92679-4742

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Exec VP General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12706

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Janet L Hunt

Mailing Address 22121 Stillwater

City

Mission Viejo

State

CA

Zip Code

92692-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Dir IS Support Svs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12707

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Shari A. Jeter

Mailing Address 9867 W Berry Dr

City

Littleton

State

CO

Zip Code

80123-7405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Contacts Center Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12747

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

LaDawn E. Jung

Mailing Address 16746 Wikiup Rd

City

Ramona

State

CA

Zip Code

92065-4189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Billing Center Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12776

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Christopher A. Karkenny

Mailing Address 732 The Strand

City

Hermosa Beach

State

CA

Zip Code

90254-4457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

EVP, CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12777

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Jerry Kellems

Mailing Address 2030 N Talbott St

City

Indianapolis

State

IN

Zip Code

46202-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12748

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Anthony R. Kilgore

Mailing Address 3050 Henry Ln

City

Lake In The Hills

State

IL

Zip Code

60156-6761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12749

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Jerome D Lafontaine

Mailing Address 8445 S Newcombe St

City

Littleton

State

CO

Zip Code

80127-4260

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12708

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark S. Lantz

Mailing Address 9918 E 400 S

City

Greentown

State

IN

Zip Code

46936-8960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12751

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Melissa Leone

Mailing Address 150 Bear Path Rd

City

Hamden

State

CT

Zip Code

06514-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Director Nursing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12752

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey R. Lyons

Mailing Address 11320 W 136th St Apt 416

City

Overland Park

State

KS

Zip Code

66221-8113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12753

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Winborne T Macphail

Mailing Address 4406 Staghorn Ct

City

Greensboro

State

NC

Zip Code

27410-8285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12709

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Clinton K. Marshall

Mailing Address 260 Danforth St Unit 4

City

Portland

State

ME

Zip Code

04102-3768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12755

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Michael F. McGrath

Mailing Address 1209 Reggio Aisle

City

Irvine

State

CA

Zip Code

92606-0855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Dir. Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12756

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

165.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Mary K. McHugh

Mailing Address 1011 Ashwood Ln

City

Medina

State

OH

Zip Code

44256-1263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

RVP, Infusion Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12778

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Michael L McKinney

Mailing Address 209 Nunzia Ct

City

Roseville

State

CA

Zip Code

95661-3979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12710

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

George G. Meadows

Mailing Address 1319 Forest Trails Dr

City

Castle Rock

State

CO

Zip Code

80108-8284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

Sr. VP, Managed Markets

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12791

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Cregg E. Mericle

Mailing Address 310 W Broadway St

City

Plattsburg

State

MO

Zip Code

64477-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12757

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Dean W. Milligan

Mailing Address 521 Andalusian Rd

City

Schwenksville

State

PA

Zip Code

19473-1882

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12759

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$60.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Deborah L. Nuzum

Mailing Address 613 Fairington Dr

City

Summerville

State

SC

Zip Code

29485-8619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12760

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick D O Donnell

Mailing Address 167 Waybury Rd

City

Colchester

State

VT

Zip Code

05446-6960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12711

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Sarah E. O'Grady

Mailing Address 2354 Cobble Hill Ter

City

Silver Spring

State

MD

Zip Code

20902-7625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram

Occupation

Director, Project Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12702

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Dena R Parker

Mailing Address 18 San Marco

City

Aliso Viejo

State

CA

Zip Code

92656-5226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Sr. VP, Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12712

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

315.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Bharat Patel

Mailing Address 10251 Sherwood Cir

City

Villa Park

State

CA

Zip Code

92861-4531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation  
VP, Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12713

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Norman C. Payson

Mailing Address 453 Beech Hill Rd

City

Hopkinton

State

NH

Zip Code

03229-2674

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation  
Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12779

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Steven E. Pharr

Mailing Address 2408 Silverstone Ln

City

McKinney

State

TX

Zip Code

75070-5520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation  
RVP, Infusion Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12780

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

330.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Michael Polgardy

Mailing Address 57 Pathstone

City

Irvine

State

CA

Zip Code

92603-0171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Treasurer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12762

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Carol Policelli

Mailing Address 2600 Shieldale Dr

City

Winston Salem

State

NC

Zip Code

27107-3654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12763

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Peter C Racine

Mailing Address 32 Las Pisadas

City

Rancho Santa Marg

State

CA

Zip Code

92688-4130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Supply Chain Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12714

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Marilyn K. Roarty

Mailing Address 122 S 202nd St

City

Elkhorn

State

NE

Zip Code

68022-4895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram

Occupation

Branch Infusion Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12790

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Kimberlie K Rogers-Bowers

Mailing Address 91 E Chevalier Ct

City

Eighty Four

State

PA

Zip Code

15330-2691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Sr VP Reg Affairs & Acq I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12715

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Garrett Y Saito

Mailing Address 28 Flintstone

City

Aliso Viejo

State

CA

Zip Code

92656-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Logistics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12716

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Tami Salley

Mailing Address 304 Oak Ridge Dr

City

Venetia

State

PA

Zip Code

15367-1160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12717

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$60.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Scott M Sasserson

Mailing Address 13 Willowglade

City

Trabuco Canyon

State

CA

Zip Code

92679-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

SVP, Customer Care Center

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12718

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Richard H. Scholl

Mailing Address 7 Slater Dr

City

Stony Point

State

NY

Zip Code

10980-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division Respiratory Mgr.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12764

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

David C Sears

Mailing Address 119 Cobham Lane Roa

City

Cabot

State

PA

Zip Code

16023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Area VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12719

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

James R. Sepeda

Mailing Address 4436 Canterbury Way

City

Union City

State

CA

Zip Code

94587-2599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12788

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

David L. Slack

Mailing Address 17076 Birds Eye Dr

City

Perris

State

CA

Zip Code

92570-7376

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Network

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12766

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

A.

Full Name (Last, First, Middle Initial)

Sandra L. Slentz

Mailing Address 4050 S 1100 W

City

Modoc

State

IN

Zip Code

47358-9520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 4

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12767

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

Raoul Smyth

Mailing Address 11 Ensueno E

City

Irvine

State

CA

Zip Code

92620-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12720

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City

Orange

State

CA

Zip Code

92869-4534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

VP Business Systems

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12722

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) .....

225.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City

Coto de Caza

State

CA

Zip Code

92679-4956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Exec VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12723

Amount of Each Receipt this Period

225.00

Payroll Deduction

(\$75.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Deanna P Thompson

Mailing Address 177 Montalvo Rd

City

Redwood City

State

CA

Zip Code

94062-3820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12724

Amount of Each Receipt this Period

150.00

Payroll Deduction

(\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Barbara S Underwood

Mailing Address 370 Oakwood Ct

City

Palatine

State

IL

Zip Code

60067-7729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Division Customer Serv Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12725

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 33

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Scott R Van Hoose

Mailing Address 191 University Blvd # 817

City

Denver

State

CO

Zip Code

80206-4613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Director, National Accounts

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12726

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Andrew Wagner

Mailing Address 670 Carson Ct

City

Carmel

State

IN

Zip Code

46033-9744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12727

Amount of Each Receipt this Period

45.00

Payroll Deduction

(\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Jay C Wendt

Mailing Address 4112 Church Hill Ln

City

Crystal Lake

State

IL

Zip Code

60014-6522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Regional VP Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12729

Amount of Each Receipt this Period

90.00

Payroll Deduction

(\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

240.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC PAC

**A.**

Full Name (Last, First, Middle Initial)

Julie Williams

Mailing Address 9827 Donegal Dr

City

Dallas

State

TX

Zip Code

75218-2808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

Director, Ambulatory Infctive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12789

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

Mary F. Zega

Mailing Address 10346 Alveston St

City

Orland Park

State

IL

Zip Code

60462-3072

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coram, Inc.

Occupation

SVP, Infusion Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12781

Amount of Each Receipt this Period

75.00

Payroll Deduction

(\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

Steven A Zoellner

Mailing Address 9936 Ridgewood Dr

City

Minocqua

State

WI

Zip Code

54548-9157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Apria Healthcare

Occupation

Branch Manager 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 1 0

Transaction ID: 259-P12730

Amount of Each Receipt this Period

30.00

Payroll Deduction

(\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

6975.00